

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAMAII

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
HORIUCHI BELL	ANNE	<b>T.</b>	808-547-5600
MAILING ADDRESS (Street)	FAX		
1099 Alakea Street, Suite 1800			808-547-5880
(City)	(State)	(Zip	Code)
Honolulu, HI 96813	ı.		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Q	uinn & Stifel		808-547-5600
MAILING ADDRESS (Street)			FAX
Same as above.			
(City)	(State)	(Zip	Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU L	OBBY FOR (Do not abbreviate)	TELEPHONE
CONSUMER DATA INDUSTR	Y ASSOCIATION	(202) 371 0910
MAILING ADDRESS (Street)		FAX
1090 Vermont Avenue NW Suite 200		(202) 371 0134
(City)	(State)	(Zip Code)
Washington	DC	20005 4905
NAME OF PERSON RESPONSIBLE F	OR PREPARING ORGANIZATION'S EXPENDITURES STA	TELEPHONE TELEPHONE
Eric J Ellman Vic	ce President and Counsel	(202) 408 7407
MAILING ADDRESS (Street)		FAX
Same as abov	ze	
(City)	(State)	(Zip Code)

PART III DESCRIPTION O	OF SUBJECTS UPON WHIC	H YOU EXPECT TO LOBE	JY	
Agriculture	Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relat	ions, Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Correcti	ons	
PART IV CERTIFICATION	I OF LOBBYIST			
	information furnished above i	s, to the best of my knowled	dge, correct and complete.	
/ · · · · ·		· ·	14/07	
(Signature of Lobbyist)		* 1	(Date)	
	<u> </u>		, <i>,</i>	
PART V AUTHORIZATIO	N TO LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENT			
Eric J Ellman		Vice President and Counsel		
NAME OF ORGANIZATION (if app	licabla	State Government a	ınd Federal Rëgulatory <i>E</i> <b>TELEPHONE</b>	
TAME OF ORGANIZATION (II app	ilicanic)		ILLEFRONE	
Consumer Data Industr	y Association		(202) 408 7407	
MAILING ADDRESS (Street)			FAX	
1090 Vermont Avenue NW Suite 200			(202) 371 0134	
(City)	/// (State) (Zip Code)			
Washington	X ( ) D	C 200	105 4905	
I haraby authorize the	boyle mamod narrow to arre			
i nereby authorize the al	bove -/riamed person to enga	ige in lobbying activities on	benair of the undersigned.	
(Signature of Authorizing Officer or Person Represented) (Date)		(Date)		